



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 32211
Name: O'Brien Energy Resources Corp.
Address 1: 18 CONGRESS ST, STE 207
Address 2:
City: PORTSMOUTH State: NH Zip: 03801 + 4091
Contact Person: Joe Forma
Phone: (603) 427-2099
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Peter Debenham
Purchaser: DCP & NCRA

Designate Type of Completion:
[] New Well [] Re-Entry [] Workover
[] Oil [] WSW [] SWD [] SIOW
[] Gas [] D&A [] ENHR [] SIGW
[] OG [] GSW [] Temp. Abd.
[] CM (Coal Bed Methane)
[] Cathodic [] Other (Core, Expl., etc.):

If Workover/Re-entry: Old Well Info as follows:
Operator:
Well Name:

Original Comp. Date: Original Total Depth:
[] Deepening [] Re-perf. [] Conv. to ENHR [] Conv. to SWD
[] Conv. to GSW
[] Plug Back: Plug Back Total Depth
[] Commingled Permit #:
[] Dual Completion Permit #:
[] SWD Permit #:
[] ENHR Permit #:
[] GSW Permit #:

2/18/2012 2/24/2012 5/7/2012
Spud Date or 2/24/2012 Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-119-21310-00-00

Spot Description:
SE NW NE NE Sec. 17 Twp. 33 S. R. 29 [] East [] West
559 Feet from [] North / [] South Line of Section
723 Feet from [] East / [] West Line of Section

Footages Calculated from Nearest Outside Section Corner:
[] NE [] NW [] SE [] SW

County: Meade
Lease Name: Utz Well #: 1-17

Field Name:

Producing Formation: Mississippian

Elevation: Ground: 2669 Kelly Bushing: 2680

Total Depth: 6396 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 1475 Feet

Multiple Stage Cementing Collar Used? [] Yes [] No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from:

feet depth to: w/ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 4200 ppm Fluid volume: 250 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: DILLCO FLUID SERVICE, INC.

Lease Name: LIZ SMITH License #: 6652

Quarter NE Sec. 26 Twp. 30 S. R. 34 [] East [] West

County: MEADE Permit #: 15-081-20272-0002

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

[] Letter of Confidentiality Received
Date: 05/08/2012
[] Confidential Release Date:
[] Wireline Log Received
[] Geologist Report Received
[] UIC Distribution
ALT [] I [] II [] III Approved by: NAOMI JAMES Date: 05/09/2012